

HIGHLIGHTS OF PHYSIOTHERAPY IN RHINOLARYNGOLOGY

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Short Wave Diathermy

Within the past year, I have tried in many cases, short and ultrashort wave therapy in nose and throat disease, and tonsil enucleation, and have found both more satisfactory and a great improvement over the old method of diathermy. The ultrashort wave permits a great volume of heat directed to the infected and inflamed parts without any actual contact with the skin. The convenience of the application and the immediate heating effect are greatly superior to the ordinary diathermy. Besides, with short wave or ultrashort wave, one can safely treat suppurating infections which happen to be enclosed, without the danger that is usually given as a warning by the use of ordinary long wave diathermy. This is a proved fact and I have tried it in many cases of acute suppurative antritis with closure of the natural opening of the antrum.

It is also a great pain relieving modality in the treatment of acute frontal sinusitis and severe pains in the face and head which are the result of chronic and prolonged inflammation of the sinuses, the type of cases which formerly could only be relieved by sphenopalatine injections.

The technique of using ultrashort and short wave therapy is not complicated, but is somewhat different from ordinary diathermy, and the principle of its action must be thoroughly understood before attempting its use. The method is simple and not at all dangerous in any way, except by direct carelessness or lack of understanding in the fundamental differences between the use of short wave and long wave diathermy.

The time of treatment of short wave and ultrashort wave can be much shorter, namely, seven to fifteen minutes at the most, which will give the equivalent effect of at least thirty minutes of diathermy. The short and ultrashort wave, in my opinion and that of others, does not have any specific effect on bacteria, except those bacteria that are killed at low temperatures such as the gonococci, etc., but its main physiological effect is the profuse generalized deep heat, and vasodilatation which it causes by increased blood supply to the inflamed parts and in this manner improving phagocytosis. Chronic inflammations and infections are improved or cured in this manner.

Its pain relieving effect is produced in a similar manner by its action on the constricted nerve sheaths. In acute and subacute infections, six to ten treatments of short or ultrashort wave diathermy should produce the desired effect that is expected. In chronic infections of the nose and throat, the treatments will have to be over a much longer period of time.

This new modality is also very valuable in the treatment of chronic and recurrent attacks of tonsillitis, laryngitis and chronic catarrh of the nose and throat that are not caused by sinus disease, but by poor circulation of the mucous membrane due to constitutional disease or chronic local irritation and by anatomical abnormalities. In the last eight months the author has given over five hundred treatments in various types of cases where this form of heat due to ohmic or atomic resistance of the body against short and ultrashort waves. This energy produces heat within the innermost depths of tissue.

Recently I have found that if the short wave is used for electrocoagulation of the tonsil, the results are much quicker and almost painless without the use of a local surface anesthesia. This current can be used by the bipolar method and can be easily controlled and the time of application is instantaneous.

